



<b>VT Form</b> <b>CT-640</b>	<b>WHOLESALE CIGARETTE DEALER REPORT</b>
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This report is due on or before the 15th of each month to cover the preceding month.

Dealer's Name			Federal ID Number	
Address			Month	Year
City	State	ZIP Code	State License Number	
E-mail address			Telephone Number	

## PART A - STAMP INVENTORY

### VERMONT STAMPS

#### HEAT TRANSFER STAMPS USED

#### 20-packs

#### 25-packs

- |   |    |       |       |
|---|----|-------|-------|
| 1. Stamps on hand at beginning of month . . . . . | 1. | _____ | _____ |
| 2. Stamps purchased during the month . . . . .    | 2. | _____ | _____ |
| 3. Total (Add Lines 1 and 2) . . . . .            | 3. | _____ | _____ |
| 4. Stamps affixed during the month . . . . .      | 4. | _____ | _____ |
| 5. Stamps on hand at end of month . . . . .       | 5. | _____ | _____ |

#### DETAIL OF STAMPED PRODUCT

- |  |    |       |                       |
|--|----|-------|-----------------------|
| 6. Number of packs of cigarettes stamped during the month . . . . .    | 6. | _____ | _____                 |
| 7. Number of packs of little cigars stamped during the month . . . . . | 7. | _____ | <b>Not Applicable</b> |

## PART B - TAX DUE

#### NONSTAMPED LITTLE CIGARS

8. Enter the number of **INDIVIDUAL** little cigars sold in Vermont during the month (Do NOT enter the number of packages sold) . . 8. \_\_\_\_\_
9. **Tax due for nonstamped little cigars** (Multiply Line 8 by 0.154) . . . . . 9. \_\_\_\_\_


#### ROLL-YOUR-OWN TOBACCO

10. Number of ounces of roll-your-own tobacco sold in Vermont during the month . . . 10. \_\_\_\_\_
11. Equivalent number of cigarettes (Divide Line 10 by .0325) . . . . . 11. \_\_\_\_\_
12. **Tax due for roll-your-own tobacco** (Multiply Line 11 by 0.154) . . . . . 12. \_\_\_\_\_

#### TAX DUE

13. **TOTAL TAX DUE** (Add Lines 9 and 12) . . . . . 13. \_\_\_\_\_

Make checks payable to **Vermont Department of Taxes.**

<b>Signature</b> 	I hereby swear, under pains and penalty of perjury, that this information is true, correct, and complete to the best of my knowledge.		
Signature	Title	Date	
Printed Name			

For assistance, please call (802) 828-2551, option 4